

2011 Adult Softball Registration Form

Mt. Vernon Parks and Recreation

118 Main Street, Mt. Vernon, IN 47620 Phone: 812.838.3691 Fax: 812.838.8715



Team Name: _____ Did same team play in last league? yes no
If yes, what league? _____
Manager: _____ Additional contact: _____
Address: _____ Address: _____
City, State Zip _____ City, State Zip _____
Phone: h) _____ w) _____ Phone: h) _____ w) _____
FEES: - Sponsor Entry Fee: \$ _____ Rec. # _____ Date _____

***There will be a \$50 administration fee charged for all teams seeking refund prior to the start of the season.**
***No Refund will be given after first game.**

***Please fill out form completely to ensure proper team placement (select one from each category):**

League	Team Type	League Classification	Level of Play
Spring (8 weeks) _____	Men's _____	Open _____	(B) Competitive _____
Summer (10 wks.) _____	Women's _____	Church _____	(C) Intermediate _____
Fall (8 weeks) _____	Co - Ed _____		(D) Recreational _____

***Leagues will be offered to all team types listed above and scheduled based on actual registrations:**

Playing Night Preferred:

1st Choice: Mon. Tues. Wed. Thurs. Fri.

2nd Choice: Mon. Tues. Wed. Thurs. Fri.

Night (s) your team CAN NOT play: _____

Can your team play on any night listed above? Yes No

***Registration Comments:**

Please use this space to give the parks Department information regarding the proper league placement of your team including: team skill, competition level desired, schedule conflicts with other teams, or any other information you feel is important in the placement of your team into a league or schedule. **NOTE:** The Parks Department reserves the right to place and/or schedule any team as is deemed necessary to establish fair and balanced leagues. Furthermore, all managers will be notified if there are problems with their registration requests before they are placed into a league or schedule.
